

EXHIBIT 57

MODEL LETTER REQUESTING IDENTIFICATION OF EXTENSION UNITS

(Date)

Administrator Name
Facility Name
Address
City, State, ZIP Code

Dear (**Administrator Name**):

Our records indicate that your facility is approved in the Medicare program as a provider of outpatient physical therapy/speech pathology (OPT/OSP) services. In addition to furnishing services on their already approved premises OPT/OSP providers at time render services on the premises of other institutions (e.g., skilled nursing facilities). If the OPT/OSP bills the Medicare program for these services and renders these services in an area within the institution set aside for rehabilitation care, those premises are considered extension units of the OPT/OSP. In addition, premises owned or rented by the OPT/OSP and from which services are provided are also considered extension units of the OPT/OSP.

Extension units are considered part of the OPT/OSP regardless of proprietorship. The extension units are subject to the same approval as is applicable to the OPT/OSP provider overall. These extension units fall under the OPT/OSP provider agreement and are identified under the OPT/OSP provider number.

Enclosed is a questionnaire for the purpose of identifying the extension units of your OPT/OSP. In the event you list more than one extension unit in section A of the questionnaire, **do not complete section B**. Instead, in the spaces where you have listed each location (including the primary site) note whether at that location you provide "OPT," "OSP," or "Both." Please complete this form and return it to this office within 30 days. If at any time following completion of this form you plan to delete or add a service or close or add an extension unit, please notify this office immediately. If you have any questions or problems, please contact us.

Sincerely Yours,